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S&H Form: (10/01) <

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REPLY/AMENDMENT FEE TRANSMITTAL

Attorney Docket No. 1080.1071
Application Number 09/241,083
Filing Date February 1, 1999

First Named Inventor Hiroyuki Kosuda, et al.
Group Art Unit 2162

AMOUNT ENCLOSED		484.00 Examiner		r Name	Yehdega Ret	ndega Retta		
FEE CALCULATION (fees effective 10/01/01)								
CLAIMS AS AMENDED	Claims Remaining After Amendment		Highest Number Previously Paid For		Number Extra	Rat	e	Calculations
TOTAL CLAIMS	10		- 20 =		0	X \$ 18.0		0.00
INDEPENDENT CLAIMS	6		- 5=		1	X \$ 84.0		84.00
Since an Official Action set an <u>original</u> due date of <u>July 19, 2002</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110); 2 months (\$400); 3 months (\$920); 4 months (\$1,440); 5 months (\$1,960)):								400.00
If Notice of Appeal is enclosed, add (\$320)								0.00
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110)								0.00
Total of above Calculations =								484.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)								
TOTAL FEES DUE =								484.00
(1) If entry (1) is less than entry (2), entry (3) is "0".								
(2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5) entry (6) is "0".								
(4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".								
METHOD OF PAYMENT GROUP								
TOTAL FEES DUE = \$484.00 (1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3". METHOD OF PAYMENT ROUP 3600 Check enclosed as payment. Charge "TOTAL FEES DUE" to the Deposit Account No. below.								
☐ Charge "TOTAL FEES DUE" to the Deposit Account No. below.								
No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).								
GENERAL AUTHORIZATION								
If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:								
				rees neces	ssary to:			
Deposit Account No. 19-3935								
Deposit Account Name STAAS & HALSEY LLP								
The Commissioner is also authorized to credit any overpayments or charge any additional fees re 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application								es required under dication, including
any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g.,								
continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR								
1.53(d)) to maintain pendency hereof or of any such related application.								
SUBMITTED BY: STAAS & HALSEY LLP								
Typed Name Counting County						43,635	1	
Signature C. Joan Dilsdof Date 9								8/02